



625 State Street
Schenectady, NY 12305-2111
mvphealthcare.com

<<Date>>

<<Contact Name>>

<<Group Name>>

<<Address>>

<<City, State Zip>>

RE: Notice of Proposed Premium Rate Change
See Enclosed Rate Chart for <<Plan Name>> and <<HIOS Plan ID Number>>

Dear <<Contact Name>>:

MVP Health Care® (MVP) is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for <<Next Plan Year>>. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

DFS is required by law to review our requested rate change. DFS may approve, modify, or disapprove the requested rate change.

Proposed Premium Rate Change

If approved, the percentage change to your premium is << >> %.

Please note that while we try to provide you with the most accurate information possible, the final rate may differ based on the benefit plan design and other features you select on renewal. Also, the final approved rate may differ because DFS may modify the proposed rate.

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changes may be necessary for several of MVP's benefit plans in order to comply with Federal Actuarial Value requirements for each metal level (i.e. Platinum, Gold, Silver, Bronze).

30-Day Comment Period

You can contact us or DFS to ask for more information or submit comments to DFS about the proposed rate change. The comments must be made within 30 days from the postmark date of this notice.

You can contact MVP for additional information at:

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You may also contact your MVP Account Manager or broker.

Comments or requests for more information on the proposed rate change may be submitted to DFS by visiting the DFS website or via standard mail as follows:

DFS Website:

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NYS Department of Financial Services
Health Bureau – Premium Rate Adjustments
One Commerce Plaza
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If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer, which is MVP Health Care
2. The name of your plan, which is <<Insert Plan Name>>
3. Indicate that you have individual coverage
4. Your HIOS plan identification number, which is <<Insert the HIOS ID #>>

Written comments submitted to DFS will be posted on the DFS website without your personal information.

Plain English Summary of Rate Change

We have prepared a plain-English summary that provides a more detailed explanation of the reasons why a premium rate change is being requested. You can find this information at the following websites:

MVP website: **mvphealthcare.com** and select *Notice of Privacy Practices and Compliance* at the bottom of the homepage, or the DFS website: **dfs.ny.gov**

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If you do not agree to this delegation, please notify us within three (3) business days by emailing us at **nysratefilingnotice@mvphealthcare.com** so that we may notify your employees directly. Please be sure to include your group name, MVP group billing number, and contact information within the email message.

We appreciate your business and look forward to serving you in the future.

Sincerely,



Everett Patterson, Jr.
Vice President, Commercial Sales

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Sincerely,

A handwritten signature in black ink that reads "Laurie Metheny". The signature is written in a cursive, flowing style.

Laurie Metheny
Chief Customer Experience Officer



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We appreciate your business and look forward to serving you in the future.

Sincerely,



Everett Patterson, Jr.
Vice President, Commercial Sales

Enclosures

<<Next Plan Year>> Proposed Premium Rate Changes for Groups

<<Group Name>><<Group #>>

Plan Name	Renewal Quarter	HIOS Plan Identification Number	Alban y	Buffalo	Mid- Hudson	New York City	Rochester	Syracus e	Utica/ Watertown	Long Island
<<Plan Description>>	<<Qtr>	<<HIOS ID Number>>	<<% Chg> >	<<% Chg>>	<<% Chg>>	<<% Chg >>	<<% Chg>>	<<% Chg>>	<<% Chg>>	<<% Chg> >
<<Plan Description>>	<<Qtr>	<<HIOS ID Number>>	<<% Chg> >	<<% Chg>>	<<% Chg>>	<<% Chg >>	<<% Chg>>	<<% Chg>>	<<% Chg>>	<<% Chg> >
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<<Date>>

<<Contact Name>>

<<Group Name>>

<<Address>>

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RE: Notice of Proposed Premium Rate Change
See Enclosed Rate Chart for <<Next Year Plan Name>> and <<Next Year HIOS Plan ID
Number>>

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Everett Patterson, Jr.
Vice President, Commercial Sales

Enclosure



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<<Contact Name>>

<<Address>>

<<City, State Zip>>

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<<Next Year Plan Name>>, <<Next Year HIOS Identification Number>>

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Laurie Metheny
Chief Customer Experience Officer



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Enclosures

<<Group Name>><<Group #>>

Plan Name	Renewal Quarter	HIOS Plan Identification Number	Albany	Buffalo	Mid-Hudson	New York City	Rochester	Syracuse	Utica/ Watertown	Long Island
< <Plan Description> >	< <Qtr>	< <HIOS ID Number> >	< <% Chg> >	< <% Chg> >	< <% Chg> >	< <% Chg> >	< <% Chg> >	< <% Chg> >	< <% Chg> >	< <% Chg> >
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